

Forever Learning Institute Registration

Fill out completely and use separate form for each student

DATE _____

Name: _____ M__ F__ Phone (H) _____
Last First MI Phone (C) _____

Address: _____
Street City State Zip

Email address _____ Birth Year _____

Course #	Course Name	Day	Time	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REGISTRATION MUST INCLUDE TUITION PAYMENT

_____ Classes X \$45.00 = _____ Total Tuition **Make Checks Payable to: Forever Learning Institute**

Emergency contact: Name: _____ Emergency Phone: _____

PLEASE SIGN WAIVER AS READ AND AGREED WITH: I agree to release, discharge and hold harmless and indemnify the Forever Learning Institute, Inc., (FLI) its agents, instructors, employees or other entities acting on its behalf from all claims, demands, rights and causes of actions of any kind. I, hereby, waive all claims from personal injury or property damage arising from my activities or use of the facilities and equipment at FLI, and I accept, assume and incur all responsibility for risk of injury from such activity and exercise.

I also agree to have any picture taken of me during classes and/activities at FLI, to be used in Publications/Publicity for Forever Learning.

➡ Signed _____

Please accept this donation to Forever Learning Institute. \$ _____

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